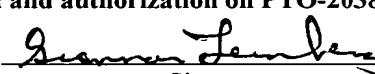




| | | | | | | | | | | | | |
|---|------------------------------|---|---|----------------|---|----------|--|------------------------------|---|----------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 19603/1656 (CRF D-2093C) | | | | | | | | | | |
| <p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on June 2, 2004</p> <p>Signature: <u>Sherri A. Moscato</u></p> <p>Name: _____ Sherri A. Moscato</p> | | | | | | | | | | | | |
| <p>In re Application of Scott S. Campbell and Patricia J. Murphy</p> <table border="1"> <tr> <td>Application Number 09/656,409</td> <td>Filed 9/6/2000</td> </tr> <tr> <td colspan="2">For NON-OCULAR CIRCADIAN CLOCK RESETTING IN HUMANS</td> </tr> <tr> <td>Group Art Unit 3738</td> <td>Examiner William H. Matthews</td> </tr> </table> | | | Application Number 09/656,409 | Filed 9/6/2000 | For NON-OCULAR CIRCADIAN CLOCK RESETTING IN HUMANS | | Group Art Unit 3738 | Examiner William H. Matthews | | | | |
| Application Number 09/656,409 | Filed 9/6/2000 | | | | | | | | | | | |
| For NON-OCULAR CIRCADIAN CLOCK RESETTING IN HUMANS | | | | | | | | | | | | |
| Group Art Unit 3738 | Examiner William H. Matthews | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> | | | | | | | | | | | | |
| <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> | | | | | | | | | | | | |
| <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)</td> <td>\$ 475.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)</td> <td>\$ _____</td> </tr> </table> | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420) | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950) | \$ 475.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010) | \$ _____ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420) | \$ _____ | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950) | \$ 475.00 | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010) | \$ _____ | | | | | | | | | | | |
| <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</p> | | | | | | | | | | | | |
| <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> | | | | | | | | | | | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | | | | | |
| <u>June 2, 2004</u> <u>Date</u> | |  Signature <u>Gunnar G. Leinberg</u> Typed or printed name | | | | | | | | | | |
| 06/07/2004 1GEBREH1 00000120 09656409 01 FC:2253 475.00 OP | | | | | | | | | | | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> | | | | | | | | | | | | |
| <p><input type="checkbox"/> Total of _____ forms are submitted.</p> | | | | | | | | | | | | |

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